Branestawm's disease?

The Key to Genius. D J Hershman, J Lieb. (Pp 224; £14.95.) New York: Prometheus Books, 1988. ISBN 0-87975-437-0.

Russell Brain, in his study of genius, concluded that "the form of insanity most closely related to genius is cyclothymia, the manic-depressive state." Hershman and Lieb now take this a stage further and maintain that "manic-depression is almost indispensable to genius." Mania, they say, is the state of mind that provides both the inspiration and the energy for creative achievement, while depression induces the self critical mood needed to order and perfect the rough hewn work.

To illustrate their thesis the authors describe the lives and peculiarities of four undoubted geniuses—Newton, Beethoven, Dickens, and Van Gogh. Then, in two concluding chapters, they introduce another idea: the sufferings of genius are not inseparable from creativity but are the consequence of certain features of the manic depressive state which do not contribute to creativity but tend to be destructive of health and happiness. These features—overindulgence in alcohol and drugs, irritability, suspiciousness, megalomania, etc—should be largely controllable by modern drug treatment (lithium and antidepressants) and by the manic depressive sufferer being aware of the dangers and learning to avoid them.

It has been said that the shortcomings of great men are the consolation of ordinary folk. That would explain why people like reading about the eccentricities, bad behaviour, and misfortunes of geniuses. *The Key to Genius* satisfies this taste and will particularly appeal to those who like a good straightforward read, free from technicalities, textual references, or footnotes. More critical readers, wondering how far the authors establish their case, will be troubled by several questions.

What (they will ask) is "manic depression"? I fear Lord Brain must bear some responsibility for equating the manic depressive state with cyclothymia and for including these among the insanities. But the fact that manic depression is not a term used in psychiatric classifications doesn't matter much so long as its intended usage is made clear. The authors devote a chapter to this, and they evidently include every form of emotional disturbance. But because the milder forms grade into normal mood and because many of the listed symptoms and traits (such as modesty, envy, good will, friendliness) are common in well balanced people, the question whether a person's behaviour or temperament is manic depressive may often be a matter of opinion. The authors seem altogether too ready to detect manic depression in their subjects and too little concerned with other possibilities.

Thus the young Newton "spent his manic energy building miniature carts, mills" etc; and the list of sins he wrote down at the age of 19 (and which, according to Westfall, revealed him as "a wholly unsophisticated provincial puritan") reflected "a depressive crisis." Haydn, in his well known prediction of Beethoven's greatness, detected in the young man's compositions "manic rebelliousness and depressive coloration," and this "proves that his manic-depressive traits were visible even then," before his deafness and alcoholism. Van Gogh's habit of giving away his money to prostitutes illustrates the fact that "in mania there is sometimes an overwhelming temptation to do good," while "the terrible force that warped his personality, turned his life into a chain of disasters and finally killed him was acute manic-depression," with nothing said of the much debated questions of epilepsy, schizophrenia, and absinthe psychosis. When Gibbon boasted "I am the greatest historian that ever lived," this exemplifies "the grandiosity of the manic"—though many might think that if ever there was a sane genius Gibbon was one (and did Gibbon say that? I suspect that the quote derives from Horace Walpole's spiteful remark that he *believed* that Gibbon was on the point of saying he was the greatest of historians). Galois's death in a duel at the age of 20 reflects "the aggressiveness of the manic," though, according to Boyer, Galois had been tricked into the duel and had faced it with reluctance. The fact that some manics spend their lives changing direction and so accomplish very little explains why Robert Hooke "never stayed with one [branch of science] long enough to make major contributions."

There are other, more fundamental, problems in attempting to show that a genius suffered from a particular temperament or mental disorder. Contemporary records of the peculiarities of a genius must always be suspect because, as Hildesheimer observed, "memory begins to blossom only when it promises to bear fruit." There are problems of translation from a foreign tongue: delicate shades of meaning may be untranslatable, and there is always a risk of the sense being shifted towards a preferred meaning. The effect on behaviour of fame, misfortune, physical illness, and age will need to be considered. Most of us have our favourite geniuses and this is probably because we read into their personalities some of the qualities we ourselves possess. To a schizothyme (shy, seclusive, solitary type) the earlier behaviour of Newton and Van Gogh might well seem schizothymic. But of Stukeley's description of Newton in his Cambridge years as "one so entirely immersed in solitude, inactivity, meditation and study" Hershman and Lieb comment that "all this could have been due to depression alone"; and of Van Gogh's peculiar and solitary behaviour as a child (according to the Hammachers he never ate or drank sensibly and was considered strange by everyone) they say that "in severe cases of manic-depression, the symptoms may be noticeable even in childhood."

Such criticisms do not, of course, annul the authors' thesis. They point only to the difficulty of establishing it with any degree of rigour. Nevertheless, *The Key to Genius* promotes a bold idea, and, as Bernard Shaw knew, a bold idea should not be introduced with a modest cough but proclaimed boldly, exaggerated to the limit, and wrapped up in an entertaining story with a catchy title.—

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Words and meanings

Dictionary of Medical Laboratory Sciences. Ed A D Farr. (Pp 328; £15.95.) Oxford: Blackwell Scientific, 1988. ISBN 0-632-01762-7.

In a subject in which new terms come into existence with increasing frequency compilation of a dictionary is a difficult undertaking. It must be factually accurate and must reflect, in a multidisciplinary topic, an acceptable balance without neglecting important aspects of any particular discipline. Taking into account the complexity of the task, the editor and his contributors have produced a commendable result.

It is a pity, therefore, that errors do exist. These seem in many instances to be due to careless proof reading. In most cases, however, they present little difficulty, though a few might confuse someone of limited experience. For example, the entry "Stray light" refers to spectrometry and not to microscopy as stated in the definition, and other definitions such as "Periodic acid schiff," "SI

units," and "Acid phosphatase" have minor errors that could be misleading.

Both spelling and the method of cross reference are generally good, though here again careful reading of the script before publication might have achieved greater accuracy. With respect to each discipline the balance is acceptable and even the most broadly experienced members of medical laboratory staff will find much with which they are unfamiliar. The inclusion of computing and statistical definitions is valuable and could be expanded considering the increasing use of these in the modern laboratory. Regarding omissions generally, there is little to criticise, though it is curious that there is no reference to photomicrography, which is common in at least two disciplines. Viewed overall, the dictionary is good value for money and provides the medical laboratory worker with an easily accessible source of reference, and no doubt many seeking a particular definition will end up scanning generally for at least a few minutes; the binding and covers are such that they will withstand much use and abuse before suffering the type of loose leaf disintegration so often seen nowadays.

The editor in his introduction indicates that a second edition is probable, and no doubt any errors and omissions will be rectified. The present volume can be recommended to those beginning a career in medical laboratory sciences, and it may serve as a guide through increasingly confusing terminology to others in hospital practice.—JUNE HUTCHINSON, *chief medical laboratory scientific officer, cytology department, Belfast City Hospital, Belfast*

Bright past: better future

Kidney Disease. Vol 8. "The Nephrotic Syndrome." Ed J S Cameron, R J Glassock. Series editors J S Cameron, R J Glassock, A Whelton. (Pp 1096; figs; $234.) New York: Dekker, 1988. ISBN 0-8247-7361-6.

Oedema after profuse loss of protein into the urine is often the only manifestation of underlying renal disease. Dropsy or anasarca were the terms previously used to describe this clinical condition, though it was not until the time of Richard Bright in the middle of the nineteenth century that the various causes of dropsy—renal, hepatic, gastrointestinal, and cardiac disorders—were recognised and could be distinguished clearly from one another. Hippocrates observed that disease of the loins might lead to dropsy and that this could be associated with frothy urine. It was in the late eighteenth century that Domenico Cotugno described the test for protein in the urine by heat coagulation, resulting in the appearance of a substance like "egg albumin." It was, however, from the work of Richard Bright that the detailed clinicopathological foundation of renal disease was developed. An excellent book, *The Nephrotic Syndrome* provides a delightful and fascinating historical introduction to this clinical syndrome and goes on to discuss in detail the aetiological factors and the pathophysiology of the development of oedema after loss of protein across a disordered glomerular basement membrane.

The nephrotic syndrome is often a final common pathway for a multitude of renal disorders primarily of glomerular origin, and besides the varied aetiological and pathogenetic factors of these the actual mechanism of the failure of the glomerulus to retain protein within the vascular space has provided a fascinating subject for investigation. In addition, the importance of understanding this mechanism has led to manoeuvres for either reversing it or achieving some form of amelioration. The syndrome itself has various complications that require understanding and management, including haemostatic abnormalities as well as infection due to the loss of immunoglobulins. The first part of the book describes in detail basic concepts in our understanding of this syndrome and its pathogenetic mechanisms, not only in man but also in domestic and other animals. The second part covers a wide range of clinical aspects related to renal disease, its known pathological entities, management, and outcome.

The authors describe the many immunological, haemodynamic, and other factors that all contribute to damaged glomeruli. The various types of pathological change have differing long term prognoses in response to or in the absence of the currently limited methods of treatment. Nephrology has grown rapidly over the past decade, and the book provides a comprehensive review of many of its aspects, not only for specialists but also for general physicians. A book, not for the shelf, but for one's bedside for a specific read or browsing—as I have done these past months with enjoyment, becoming I hope, so much the wiser.—C B BROWN, *consultant renal physician, Royal Hallamshire Hospital, Sheffield*

A monograph entitled *A Short History of Spina Bifida* has been produced by the Society for Research into Hydrocephalus and Spina Bifida. The illustration is taken from Boaistuau's *Histoires Prodigieuses*, which is thought to contain the first description of spina bifida. Satyrs such as that shown were probably expressions of occult spinal dysraphism. The monograph can be obtained from the society at Booth Hall Children's Hospital, Charlestown Road, Manchester M9 2AA, price £2.50 plus 30p postage and packing.

Greater awareness

The Crucial Ligaments: Diagnosis and Treatment of Ligamentous Injuries about the Knee. Ed J A Feagin, Jr. (Pp 600; figs; £95.) New York: Churchill Livingstone, 1988. ISBN 0-443-08549-8.

Casualty departments on Saturday afternoons show a uniform picture of a desperate need for change. The waiting room resembles a sports changing room. A sea of young athletes and not so young keep fit enthusiasts, their designer sportswear stained with blood or more likely sweat and turf, surround the lonely casualty officer, who is often more at home with medical emergencies or road traffic accidents than the ill taught problems of sports injury.

Now comes a new book that places even more demands on the experience gathering junior doctor by seeking greater awareness of the most up to date surgical options to restore to fitness the athlete with disastrous ligament damage to the knee. John A Feagin Jr has gathered together the work of international experts in various aspects of the knee joint. The book embraces anthropology, embryology, anatomy, histology, biomechanics, and the healing process and expands into the principles of injury, anatomical derangement, sequels to injury, and its effect on the athlete. After 15 exquisitely presented case histories, superbly illustrated by M Dohrmann, there is an introduction to more controversial issues arising from the new

thinking in loose knee management. Next comes a section on the consequences of the imperfect knee and post-traumatic osteoarthritis (pestle and mortar effect and Fairbanks signs) and their devastating physical and mental effect on top athletes. The closing chapters, under the heading "Surgical treatment," describe current operative and diagnostic procedures, including primary repair, augmentation grafting (autografts, allografts, and heterografts), prosthesis, biodegradable scaffolding, and carbon fibre substitute techniques.

The book emphasises that acute knee repair is better than delayed reconstruction surgery. At last it places rehabilitation in surgical management, abandoning the pre-1970 immobilisation principle, and introduces the early passive mobilisation technique. The authors point to the paramount importance of arthroscopy but regrettably somehow skimp their discussion of it. "Bumper model" of the knee and biomechanics are worthy innovations.

Written in refreshingly untextbook style, the book is fully illustrated and makes compelling reading. Diagnostic principles and their application are accompanied by snippets of information based on a wealth of experience, as well as by numerous references and suggested reading material. All this makes the book a must for budding orthopaedic surgeons and sports medicine enthusiasts alike.—JOVO LAKIC, *general practitioner, Barton on Humber, South Humberside*

What needs to be known

Major Problems in Neurology. Vol 16. "Neurological Infections." M Wood, M Anderson. Consulting editor Sir John Walton. (Pp 680; figs; £60.) Toronto: Saunders, 1988. Distributed by Harcourt Brace Jovanovich. ISBN 0-7020-1324-2.

Once upon a time cerebral abscess from ear infection was common and general paralysis of the insane was so familiar a subject that a consultant would not willingly teach on a patient suffering from it. If some neurological infections are now less common the need to know about them is becoming more important, because with an increasing range of drugs prompt recognition and correct treatment may make all the difference to the outcome for the patient.

Neurological Infections begins with the meningitides, with focal infective disease, and with acute encephalitis. It continues with sections on poliomyelitis and other diseases due to enteroviruses, on syphilis, and on parainfectious diseases such as the Guillain-Barré syndrome. The authors then deal with slow viruses, with infections affecting peripheral nerves and the motor end plate, and finally with infections of muscle. Tetanus appears under disorders of peripheral nerves and this is surprising, for as the authors rightly point out it is the central actions of the toxin that are responsible for the clinical manifestations of tetanus. Tropical diseases from cerebral malaria to Chagas' disease are covered as is infection with human immunodeficiency virus. The authors wisely regard multiple sclerosis as unsuitable for inclusion.

The description of each infection starts, when appropriate, with a brief historical review and continues with epidemiology, pathology, clinical features, diagnosis, treatment, and prognosis. This list is not, however, followed slavishly but modified to suit the subject. The result is a clear account of the disease and its management. The authors have experience of infectious diseases as well as neurology and quote from their experience when that is helpful.

The book is well produced and easy to read. General physicians, neurologists, and their registrars will need to refer to it from time to time and perhaps urgently. If they are not able to have a copy of their own they should have it readily available in the hospital library.—JOHN M K SPALDING, *formerly consultant neurologist, United Oxford Hospitals*

IN BRIEF

Microsurgery in Trauma. W W Shaw, D A Hidalgo. (Pp 424; figs; $87.50.) New York: Futura, 1987. ISBN 0-87993-282-1.

Divided into four parts—basic principles, replantation, nerve injuries, and tissue transplantation—the book clearly and concisely describes the injuries amenable to microsurgical repair or reconstruction, preparation for surgery, essential anatomy, how to do it, and basic postoperative management. There is scarce a problem to which a solution is not offered.

Shaw seems to have inspired the book. Hidalgo has written almost all of it, and drawn hundreds of illustrations for it. What they lack in aesthetics they gain in clarity and surgical accuracy and relevance. They are a bit too much of a good thing: often two thirds of a page is occupied with an anatomical fact that should be known to a first year medical student.

Most trauma surgeons need to know how to get out of trouble when it arises. The index reads "Complications—see specific types." A search of index and text shows scant reference to this most important aspect—a defect that seems a great weakness in an otherwise worthy book.

SELECTION

Pathology. Ed E Rubin, J L Farber. (Pp 1600; figs; £35.) Philadelphia: Lippincott, 1988. Distributed by Harper and Row. ISBN 0-397-50698-8.

Comprehensive, covering both general and systemic pathology, the book is also up to date, particularly in emphasising the biochemical, molecular biological, and immunological aspects important in the pathogenesis of disease. The description of each disorder starts with clinical aspects, and one nice feature—often neglected in pathology books—is the description and illustration of the normal structure. The drawings by Dimitri Karetnikov are excellent.

Illicit Drug Use in Portsmouth and Havant. A Local Study of a National Problem. C Brown, J Lawton. (Pp 176; £7.95 paperback.) London: Policy Studies Institute, 1988. ISBN 0-85374-341-X.

A local survey in which over 1000 young people were interviewed, as well as 41 drug users. A threefold increase in illicit drug use over the past 10 years was shown, with opiates accounting for the greatest rise. Cannabis use was widespread and taking of amphetamines was still common; only cocaine was seldom encountered. Abuse of alcohol "caused problems on a far greater scale than those caused by other drugs." The local picture that emerged closely resembled the national one.

Case Presentations in Endocrinology and Diabetes. P H Baylis, G V Gill, P Kendall-Taylor. (Pp 176; £9.95 paperback.) London: Butterworth, 1988. ISBN 0-407-00543-9.

One of a series in which case histories of most of the conditions likely to be met in the specialty are given, followed by questions that can be answered before reading the detailed comments, which discuss topics of controversy. Others in the series are geriatrics, gastrointestinal disease, general surgery, heart disease, paediatrics, neurology, renal medicine, and urology. Useful for those taking specialist examinations.

The Zoonoses: Infections Transmitted from Animals to Man. J C Bell, S R Palmer, J M Payne. (Pp 256; £8.95 paperback.) London: Arnold, 1988. ISBN 0-7131-4561-7.

A useful guide—written by two veterinary practitioners and a medical epidemiologist—to all the known infectious diseases transmitted from vertebrates to man. In all 121 diseases from African trypanosomiasis to Zika fever are described in alphabetical order by mode of transmission, incubation period, clinical features, pathology, special investigations, prognosis, prevention, treatment, and legislation.